

POSITION	INITIALS	ID NO.	DATE
	<i>DS</i>		<i>06/07/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>EW</i>	<i>611</i>	<i>6/13/2000</i>
FORMALITY REVIEW	<i>W</i>		<i>8-8-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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